JENKINS & WILSON

NO. 434

2714

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FIRST NAMED INVEN

David W. Boykin

CURRENT CORRESPONDENCE ADDRESS (None: Logibly marboup with any connections or use Block 1)

FILING DATE

11/06/2001

APPLICATION NO.

10/008,535

01/02/2004

JENKINS & WILSON, PA 3100 TOWER BLVD **SUITE 1400** DURHAM, NC 27707

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TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		

5470-309

TITLE OF INVENTION: SYNTHESIS AND ANTIMICROBIAL ACTIVITY OF NOVEL DICATIONIC REVERSED AMIDINES

(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  1) The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina  2) Georgia State University Research Foundation, Thic., Atlanta, Georgia  3) Duke University, Durham, North Carolina  Please check the appropriate assignee category or categories (will not be printed on the patent); O individual Comporation or other private group entity  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.	APPLN. TYPE	6MALL ENTITY	issue pre		PUBLICATION FEE	TOTAL FEE(S) DUB	DATE DUE
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  O Change of correspondence address (or Change of Correspondence Address from PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication (or "Fee Address" indication form PTO/SBI 122) attached.  O The Address' indication for the Tollary indication for the PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pasen, leading of this form is NOT substrate for fining an assignment has been proviously abunified the DISTIO or is being submitted under separate evek. Completion of this form is NOT substrate for fining an assignment has been proviously analysis of the pasen, leading of this form is NOT address.  (A) NAME OF ASSIGNEE  (B) RESIDENCE (CITY and STATE OR COUNTRY)  1) The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina  2) Georgia State University, Durham, North Carolina  The Following fee(s) are enclosed:  49. Payment of Fee(s):  O A check in the amount of the fee(s) is enclosed.  49. Payment of Fee(s):  O A check in the amount of the fee(s) is enclosed.  Address of the payments are completed and properties and proviously paid issue fee to the application identified above.  (Authorized Signature)  O - 20 2004  NOTE: The Issue Fee add Publishien Fee (if required) will not be accepted from anyong other than the applicants in registered strong or agent or other party in more; as shown by the records of the United States Hall and Tradinark Office.  D I This collection is compared by governed by 35 U.S. C. 122 and 33 CFR 1.14. This	EXAMINER		ART UNIT		CLASS-SUBCLASS	,	
CFR 1.363).  O Change of correspondence address (or Change of Correspondence Address form FTO/SB/12) attached.  O Change of correspondence address (or Change of Correspondence Address form FTO/SB/12) attached.  In a common of a single form (Review) of the Address indication (or Tec Address indication form PTO/SB/12) attached.  Address form of the Address indication form pTO/SB/12) attached.  A SSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE FATENT (print or type)  PLEASE NOTE. Unless an assignee is identified below, no assignee data will appear on the pasent. Inclusion of assignee data is only appropriate when an assignment has been provincially authorited to the USPTO or is being submitted under separate cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Sprante cover. Completed of this form is NOT authorited to the Spranten cover. Completed of this form is NOT authorited to the Spranten cover. Completed of this form is NOT authorited to the Spranten cover. Completed of this form is NOT authorited.  A check in the amount of the fee(s) is calcied.  D hyment by credit and Port PTO-2038 is attached.  S The Director for Palents is required	SACKEY, EBENEZER O		1626		514-491000		
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Parent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



## JENKINS, WILSON & TAYLOR, P.A.

## PATENT ATTORNEYS

SUITE 1400 UNIVERSITY TOWER
3100 TOWER BOULEVARD
DURHAM, NORTH CAROLINA 27707
TELEPHONE: (919) 493-8000
FACSIMILE: (919) 419-0383

WEBSITE: WWW.JENKINSWILSONTAYLOR.COM

Attachments:	Transmittal Letter (1 page); and Issue Fee Transmittal (Part B) (1 page) in duplicate.
COMMENTS:	
	nsmission is poor, or if you do not receive all pages, please 919) 493-8000 as soon as possible.
N	UMBER OF PAGES TO FOLLOW: 3
RE:	Serial No.10/008,535; Atty Docket No. 421/60/17/2
FROM:	Arles A. Taylor, Jr. (ptw)
FAX NO.:	(703) 746-4000
TO:	Office of Patent Publications
DATE:	January 20, 2004

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RICHARD E. JENKINS

JEFFREY L WILSON

ARLES A. TAYLOR, JR.

GREGORY A. HUNT

E. ERIC MILLS

BENTLEY J. OLIVE

MICHAEL J. CROWLEY

\*CHRIS PERKINS, PH.D.

"JAMES DALY IV. PH.D.

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OF COUNSEL SOROJINI BISWAS

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> Re: U.S. Patent Application Serial No. 10/008,535 for

SYNTHESIS AND ANTIMICROBIAL ACTIVITY OF NOVEL

DICATIONIC "REVERSED AMIDINES"

Our Ref. No. 421/60/17/2

Enclosed in connection with the above-referenced patent application please find the following:

1. Base Issue Fee Transmittal Form.

The Commissioner is hereby authorized to charge any fees associated with the filing of this correspondence to Deposit Account No. 50-0426.

Please contact our offices if there are any questions.

Respectfully submitted,

JENKINS, WILSON & TAYLOR, P.A.

Arles A. Taylor, Jr.

AAT/ptw

Sir:

**Enclosures** 

Customer No: 25297

tel 919.493.8000 | Jenkins, Wilson & Taylor, P.A. fox 919.419.0383 | JenkinsWilsonTaylor.com

University Tower, Suite 1400 | 3100 Tower Boulevard | Durham, North Carolina 27707